

County of Moore Planning and Inspections

Inspections/Permitting: (910) 947-2221

Planning: (910) 947-5010 Fax: (910) 947-1303

EXTERNAL CHECKLIST FOR DOCKS, PIERS AND BULKHEAD PERMIT APPLICATIONS

- □ Completed Permit Application for the "Dock, Pier or Bulkhead construction.

 Applications are found within our department, Planning and Inspections located at 1048

 Carriage Oaks Drive, Carthage, NC 28327, or on line at www.moorecountync.gov, Department,

 Planning & Inspections, Applications. If you would like to speak with someone regarding our telephone number is 910-947-5010 or 910-947-2221.
- ☐ A permit from the Army Corp of Engineers is required for post or pile supported structures constructed over navigable waters.
- ☐ Any bulkhead retaining more that 48 inches of soil will require an engineered set of plans.
- ☐ If applying for an exempt dock and /or piers please include NC Residential Code Exemption Certification application with submittal.
- ☐ A recorded deed may be required to verify ownership. A survey may also be required if the lot configuration does not reflect the current records of the county.
- A zoning permit may be required if the subject property is located within one of the following Municipalities or their ETJ.

Cameron: 910-245-3212 Taylor Town: 910-295-4010

Carthage: 910-947-2331 Vass: 910-245-4676

Foxfire: 910-295-5107 Whispering Pines: 910-949-3141

Robbins: 910-948-2431



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Docks, Piers and Bulkhead Permit Application				
oplication Date: Email Address:				
Location/Address of Property:				
Description of Proposed Work:				
Applicant:			Phone:	
Owner:			Phone:	
Owner Address:	City		St:	Zip:
Type of Permit:	☐ Bulkhead/Dock ☐ Other:			
If the project is a bulkhead or dock please list the estimated cost of the project Total Estimated Cost \$				
Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.				
General Contractor:	Phone:		License:	
Address:	City		St	Zip
Electrical Contractor:	Phone:		License:	
Address:	City		St	Zip
Design Professional:	Phone:		License:	
Address:	City		St	Zip
Pool Contractor:	Phone:		License:	
Address:	City		St	Zip
I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project.				
Owner/Agent Signature:	Date:			